

9868

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No.

192

1. PLACE OF DEATH

County MaricopaState ARIZONARegistered No. 10Township Indian School

or Village

City PhoenixNo. Phoenix Indian HospitalSt. Arizona Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. 2 mos. 25 ds. How long in U. S. if of foreign birth? 25 yrs. 2 mos. 25 ds.2. FULL NAME Amy GazzamHow long in State when death occurred? 28 yrs. 2 mos. 25 ds.(a) Residence: Prescott, Arizona

(Usual place of abode)

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Yavapai 4/4

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced

~~HUSBAND~~ of(or) WIFE of John Gazzam6. DATE OF BIRTH (month, day, and year) About 1912

7. AGE

Years

Months

Days

28

-

-

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home10. Date deceased last worked at this occupation (month and year) February 194011. Total time (years) spent in this occupation 712. BIRTHPLACE (city or town) Prescott, Arizona.
(State or Country)

FATHER

13. NAME Sam Jimuella14. BIRTHPLACE (city or town) San Carlos, Arizona.
(State or Country)

MOTHER

15. MAIDEN NAME Viola Pallayne16. BIRTHPLACE (city or town) San Carlos, Arizona
(State or Country)17. INFORMANT Lucy Jimuella - sister(Address) Prescott, Arizona

18. BURIAL, CREMATION, OR REMOVAL

Prescott, Arizona Date 3-13, 1940

19. EMBALMER

{ License No. 105{ Signature [Signature]FUNERAL DIRECTOR Merryman Funeral HomeAddress Phoenix, Arizona20. Filed 3-12, 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-12, 194022. I HEREBY CERTIFY, That I attended deceased from February 16, 1940, to March 12, 1940I last saw her alive on March 12, 1940; death is said to have occurred on the date stated above, at 4:35 a.m.

The principal cause of death and related causes of importance, were as follows:

Date of Onset

Cholelithiasis1935Hepatitis3-10-40

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 3-5-40What test confirmed diagnosis Phy Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ---, 19---Where did injury occur? --- (Specify city or town, county and State)Specify whether injury occurred in industry, in home, or in public place ---Manner of injury ---Nature of injury ---24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify [Signature] M. D.(Signed) [Signature] (Address) Phoenix, Arizona